Applicant No _____	Date Is'd_____
Received_____	
Amount & Receipt #_____	

STATE OF DELAWARE
BOARD OF PHARMACY
COOPER BUILDING - ROOM 205
P. O. BOX 637
DOVER, DE 19903

Phone (302) 739-4708

APPLICATION FOR REGISTRATION OF INTERNSHIP

The applicant for registration must have at least entered the **first professional year** of an accredited college.

A non refundable fee of $7.00 must accompany this application.

1. Name of Applicant_____ Phone_____
2. Address, Street and Number_____
3. City, State and Zip_____
4. Date and place of Birth_____
5. Name of Pharmacy School Attending_____
6. Anticipated Date of Graduation_____
   or
   Graduation Date_____
7. Name of Preceptor_____ Phone_____
8. Address, Street and Number_____
9. City, State and Zip_____

NOTE: Pharmacy Intern must notify the Board of Pharmacy within ten days and in writing of change of preceptor

STATE OF _____
ss.
County _____

(Sign here)_____(SEAL)

Subscribed and sworn to before me this _____day of _____A.D.

_____.Witness my hand and seal hereunto attached.

_____(SEAL)

AFFIDAVIT OF CLASS STANDING

To be filled in and signed by the Secretary or Dean of the School or College of Pharmacy.

This is to certify that____

is a student in good standing entering the (first) (second) (third) professional year in pharmacy, or (has graduated). (Circle one)

____
Secretary or Dean of

(SEAL) _______________________________________

Date________________________ Location____________________________

****

AFFIDAVIT OF PRECEPTOR

I hereby certify that I accept the responsibility of a preceptor for the applicant whose name appears on this document. I agree to provide him/her with the experience outlined in the Board's Practical Experience Program. If I terminate my preceptorship agreement with the applicant, I will notify the Board in writing. I also hereby certify that I am a registered pharmacist and have been practicing for at least two years.

____
Signature of Preceptor

Subscribed and sworn to before me this

_______ day of ____________, _________.

____
(SEAL)

file: wks 205A c:\mydocuments\forms\internap